

Registration Form for Exams and Training Classes

Drinking Water Treatment, Drinking Water Distribution and Wastewater Treatment
Kentucky Division of Compliance Assistance, Operator Certification Program

Agency Interest # (see wallet card if previously certified, if not, omit): _____

Certification Level and Number: _____
(see wallet card if previously certified, if not, omit)

Name (last, first, middle): _____

Home Address (PO Box #, house #, street name, city, state, zip code): _____

Daytime Phone #: _____ FAX #: _____ Email: _____

List systems &/or facilities for which you serve as the certified operator (only list those you have added since last updating the Operator Certification staff):

System &/or Facility Name	County	PWSID # or KPDES #	Phone #

Check box if continued on a supplemental sheet ☐

If with a **small drinking water system**, are you eligible for the Expense Reimbursement Grant (ERG)? ☐ Yes ☐ No
If yes, do not submit exam or training fees, they will be paid through the grant.

Examination and/or Training Course Choices (The certification preparatory training courses are recommended, but not required for testing. Preference for enrollment in the preparatory courses will be given to those registered for an exam. The WW-I course is two-days, all others are three-days, each day is six hours of training.)	Event Fees			
	Certification Preparatory Training Course Without Exam	Certification Preparatory Training Course With Exam	Certification Exam Only	Continuing Education Training Course
Certification of drinking water treatment &/or drinking water distribution operators (DW Classes I-AD, II-A, III-A, IV-A, I-BD, II-BD, III-B, IV-B, I-D, II-D, III-D & IV-D).	\$90.00	\$125.00	\$35.00	
Certification of wastewater treatment in small facilities (WW Class I).	\$60.00	\$95.00	\$35.00	
Certification of wastewater treatment (WW Classes II, III and IV).	\$90.00	\$125.00	\$35.00	
Continuing Education Classes (two-days)				\$60.00

Provide event information from the current schedule (first and alternative choices should be listed):

	Event Code	Date	Event Title (Exam &/or Training Course)	Location	Fee
1 st					\$
2 nd					\$
3 rd					\$

If requesting an exam, is it a retest? ☐ Yes ☐ No

If yes, when and where was it taken? _____

Registration for training and testing events must be received at least 30 days in advance.

The Kentucky Environmental and Public Protection Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion or disability and provides, on request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities.

MAIL TO:
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Operator Certification
14 Reilly Rd.
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